



Application No. (if known): 10/677,737

Attorney Docket No.: 67479/P001US/10504614

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV482708908US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on August 18, 2005  
Date

Signature

Elise Perkins

Typed or printed name of person signing Certificate

Registration Number, if applicable

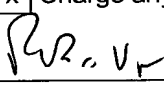
(214) 855-7162  
Telephone Number

Note: Return Postcard  
Transmittal (1 page)  
Amendment After Final Action (37 C.F.R. Section 1.116) (12 pages)  
Certificate of Express Mail (1 page)



8-19-05

AE  
3139  
JFW

| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                                                                                                                                          |                                           |                                         |                                   | Docket No.<br>67479/P001US/10504614 |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------------|------|
| Application No.<br>10/677,737                                                                                                                                                                                                                                |                                           | Filing Date<br>October 2, 2003          |                                   | Examiner<br>R. D. Gibson            |      |
|                                                                                                                                                                                                                                                              |                                           |                                         |                                   | Art Unit<br>3739                    |      |
| Applicant(s): Robert Conrad et al.                                                                                                                                                                                                                           |                                           |                                         |                                   |                                     |      |
| Invention: METHODS AND DEVICES FOR THE TREATMENT OF SKIN LESIONS                                                                                                                                                                                             |                                           |                                         |                                   |                                     |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>                                                                                                                                                                                                                       |                                           |                                         |                                   |                                     |      |
| Transmitted herewith is an amendment in the above-identified application.                                                                                                                                                                                    |                                           |                                         |                                   |                                     |      |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                               |                                           |                                         |                                   |                                     |      |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                                                                     |                                           |                                         |                                   |                                     |      |
|                                                                                                                                                                                                                                                              | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                                |      |
| <b>Total Claims</b>                                                                                                                                                                                                                                          | 26                                        | - 26 =                                  |                                   | x                                   | 0    |
| <b>Independent<br/>Claims</b>                                                                                                                                                                                                                                | 4                                         | - 4 =                                   |                                   | x                                   | 0    |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>                                                                                                                                                                              |                                           |                                         |                                   |                                     | 0    |
| <b>Other fee (please specify):</b>                                                                                                                                                                                                                           |                                           |                                         |                                   |                                     |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                                                                              |                                           |                                         |                                   |                                     | 0.00 |
| <input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>                                                                                                                              |                                           |                                         |                                   |                                     |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                                                                                        |                                           |                                         |                                   |                                     |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                                                                                   |                                           |                                         |                                   |                                     |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.                                                                                                                                                              |                                           |                                         |                                   |                                     |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                  |                                           |                                         |                                   |                                     |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>06-2380</u><br>as described below.                                                                                                         |                                           |                                         |                                   |                                     |      |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                                                                                  |                                           |                                         |                                   |                                     |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                                                                                         |                                           |                                         |                                   |                                     |      |
| <br>_____<br>R. Ross Viguet<br>Attorney Reg. No.: 42,203<br><br>FULBRIGHT & JAWORSKI L.L.P.<br>2200 Ross Avenue, Suite 2800<br>Dallas, Texas 75201-2784<br>(214) 855-8185 |                                           |                                         |                                   | Dated: <u>August 18, 2005</u>       |      |



Docket No.: 67479/P001US/10504614  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Robert Conrad et al.

Application No.: 10/677,737

Confirmation No.: 4892

Filed: October 2, 2003

Art Unit: 3739

For: METHOD AND DEVICES FOR THE  
TREATMENT OF SKIN LESIONS

Examiner: R. D. Gibson

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated June 20, 2005, finally rejecting claims 25-50, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.